

RETROSPECTIVE ANALYSIS OF INCIDENCE OF DENTAL CARIES IN POSTERIOR TEETH BETWEEN DIABETIC AND NON DIABETIC PATIENTS

¹Srinisha M, ^{2*}Anjaneyulu K

¹Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences,

Saveetha University, Chennai - 600077. Email: 151701028.sdc@saveetha.com

^{2*}Reader, Department of Conservative Dentistry and Endodontics, Saveetha Dental College
and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University,
Chennai - 600077. Email: Kanjaneyulu.sdc@saveetha.com

ABSTRACT:

Introduction: Diabetes mellitus (DM) is a common chronic metabolic disorder which affects millions of people. At present, India has the highest incidence of diabetes worldwide. Several oral lesions and conditions are associated with diabetes. However, there is a lack of consensus among researchers regarding the relationship between DM and dental caries. Hence, the present study was carried out to assess the posterior teeth caries prevalence among diabetic and nondiabetic adults.

Materials and methods: It is a retrospective, cross sectional study conducted among patients visiting a University dental hospital in Chennai. Microsoft Excel was used for tabulation of the parameters and then the data was exported to the SPSS software version 20.0. Descriptive statistics and relation between variables was determined using the chi square test, where p<0.05 was considered statistically significant.

Results: In the present study, The most common age group was 28-37 years (33.9%). The most common gender was found to be male (64.0%). Most of the patients were non diabetic (71.8%). Most of the patients had caries in both anterior and posterior teeth (33.9%). Majority of the non diabetic patients had caries in posterior teeth (34.5%) whereas diabetic patients had dental caries in both anterior and posterior teeth (28.2%).

Conclusion: Within the limits of the study, Majority of the non diabetic patients had caries in posterior teeth whereas diabetic patients had dental caries in both anterior and posterior teeth .

Keywords: diabetes, dental caries, posterior teeth ,innovative technique

INTRODUCTION:

Diabetes mellitus (DM) is a common chronic metabolic disorder affecting millions of people. According to the World Health Organization (WHO), any disease having a prevalence of more than 1% should be considered as a disease of public health importance (1). The prevalence of diabetes for all age groups worldwide was estimated to be 2.8% in 2000 and may reach 4.4% by 2030 (2).





Oral cavity and contagious structures can be dramatically affected by diabetes. These oral complications have important effects on the quality of life of patients with diabetes and can also directly and indirectly affect glycemic control (3). Oral lesions and conditions associated with diabetes include xerostomia, burning mouth, gingivitis, periodontal disease, dental caries, and candidal infection (4).

The relationship between diabetes and dental caries, particularly among adults, has received less attention so far despite of the fact that both the diseases are associated with ingestion of carbohydrates (5) and that insulin deficiency in diabetes may lead to hyposalivation and elevated salivary glucose level, which may put diabetic patients at a high risk of developing caries (6).

The high caries might be because of more frequent meals in diabetic patients than normal patients and repeated intakes of even small amounts of carbohydrates may be cariogenic when coupled with elevated blood glucose level and hyposalivation (7). Diabetic patients showed a higher prevalence of root caries and periodontitis, and also found factors associated with dental caries such as salivary buffer capacity and tooth loss (8–11). Posterior teeth are more affected compared to anterior teeth as they are much more likely to be used for chewing and are not cleaned properly compared to the anterior teeth.

The aim of the study is to determine the incidence of dental caries in posterior teeth between diabetic and non-diabetic patients. Our team has extensive knowledge and research experience that has translated into high quality publications (12–21)₂(22–25)₂(26–30)₂(31).

MATERIALS AND METHODS:

The present study is a retrospective study. This study was approved by the institutional ethnic board.

Data Collection

A single calibrated examiner evaluated the digital case records of patients who reported to Saveetha Dental College from June 2019 to March 2021. For the present study, inclusion criteria was data of patients with dental caries.

Inclusion criteria:

- Patients with dental caries
- Patients who are diabetic or non-diabetic

Exclusion criteria:

- Patient with no dental caries
- Incomplete data

The retrospective study was carried out with the help of digital case records of 1114 patients who reported to the hospital. Ethical clearance to conduct this study was obtained from the Scientific Review Board of the hospital.

Data analysis





The collected data was tabulated and analysed with Statistical Package for Social Sciences for Windows, version 20.0 (SPSS Inc., Vancouver style) and results were obtained. Categorical variables were expressed in frequency and percentage. Chi square test was used to test association between categorical variables. Chi square tests were carried out using age, gender as *independent variables* and diabetes and location of caries as *dependent variables*. The statistical analysis was done by pearson chi square test. P value < 0.05 was considered statistically significant.

RESULTS:

In the present study, The most common age group was 28-37 years (33.9%) (Figure 1). The most common gender was found to be male (64.0%) (Figure 2). Most of the patients were non diabetic (71.8%) (Figure 3). Most of the patients had caries in both anterior and posterior teeth (33.9%)(Figure 4). Majority of the non diabetic patients had caries in posterior teeth (34.5%) whereas diabetic patients had dental caries in both anterior and posterior teeth (28.2%) (Figure 5).

DISCUSSION:

The prevalence of dental caries and its burden on the general population is of significant public health interest. Reduction of untreated dental caries and tooth extractions as a consequence of dental caries among adults by 15% are among the Healthy People 2010 objectives for oral health (1). Therefore, it is important to identify patients who may be at particularly high risk of dental caries. DM, a significant public health problem in its own right, may increase one's susceptibility to dental caries (32). In addition, people with diabetes are also more prone to infections, including dental abscesses that result from progressive dental caries. Therefore, the present hospital-based cross-sectional study was conducted to assess and compare dental caries of diabetic patients with that of nondiabetics.

In the present study, The most common age group was 28-37 years (33.9%) (figure 1). The most common gender was found to be male (64.0%) (figure 2). Nowadays, young people are found to be more affected by dental caries due to maintaining poor oral hygiene. Male patients were found to be more affected by caries according to a study by Kanjirath (33). Most of the patients were non diabetic (71.8%) (Figure 3). Most of the patients had caries in both anterior and posterior teeth (33.9%)(figure 4).

Majority of the non diabetic patients had caries in posterior teeth (34.5%) whereas diabetic patients had dental caries in both anterior and posterior teeth (28.2%) (figure 5). The prevalence of dental caries was significantly lower among diabetic patients than nondiabetic patients. On the contrary, Several other authors have reported similar findings (5,33–37) while some authors have reported no difference (10,38,39) and few have reported low prevalence of dental caries among diabetics (40,41).





It must be emphasized that the results of this study may not be directly comparable with the results of others. This is due to many differences such as the population size and selection criteria for diabetic and nondiabetic groups. Because this was a hospital-based study, the results may not be generalized which suggests a larger scale, community level research in this field.

CONCLUSION:

Within the limits of the study, Majority of the non diabetic patients had caries in posterior teeth whereas diabetic patients had dental caries in both anterior and posterior teeth. This study aims in determining the incidence of dental caries in posterior teeth among diabetic patients and also to create awareness on diabetes as a cause for various oral hygiene disorders.

Acknowledgements:

This research was done under the supervision of the Department of conservative dentistry, Saveetha dental College and Hospital. We sincerely show gratitude to the corresponding guide who provided insight and expertise that greatly assisted the research.

Conflict Of Interest:

There was no potential conflict of interest.

Source of Funding:

The present study is funded by the following

- Saveetha Institute of Medical and Technical Sciences
- Saveetha Dental College and Hospitals
- Saveetha University
- Kumaran TV centre and furniture, Attur, Salem

REFERENCE:

- Puranik P, Hiremath SS, Others. Oral Health Status and Treatment Needs Among Adult Diabetic and Non Diabetic Patients in Bangalore City (A Comparative Study). Journal of Indian Association of Public Health Dentistry. 2006;4(8):31.
- Wild S, Roglic G, Green A, Sicree R, King H. Global Prevalence of Diabetes: Estimates for the year 2000 and projections for 2030 [Internet]. Vol. 27, Diabetes Care. 2004. p. 1047–53. Available from: http://dx.doi.org/10.2337/diacare.27.5.1047
- Lamster IB DDS, Professor, Department of Health Policy and Management, Mailman School of Public Health, and Dean Emeritus, College of Dental Medicine, Columbia University, New York, New York, US. Diabetes and oral health—current concepts regarding periodontal disease and dental caries. US Endocrinol. 2012;08(02):93.
- Aziz HK. The relationship between the dental caries and the blood glucose level among type II non insulin dependent diabetic patients. Scientific Journal Published by the College of Dentistry--University of Baghdad. 2012;108.
- Singh A, Thomas S, Dagli R, Katti R, Solanki J, Bhateja GA. To Access the Effects of Salivary Factors on Dental Caries among Diabetic Patients and Non Diabetic Patients in





- Jodhpur City. Journal of Advanced Oral Research. 2014 May 1;5(2):10–4.
- Moin M, Malik A. Frequency of dental caries and level of risk among type II diabetics. Dentistry. 2015;5(10):1–5.
- Kesavan R, Chaly PE, Chandrasekhara Reddy V, Vinita Mary A. Periodontal status among type II diabetic and nondiabetic individuals in Chennai, India: A comparative study. Journal of Indian Association of Public Health Dentistry. 2015 Oct 1;13(4):393.
- Moore PA, Weyant RJ, Etzel KR, Guggenheimer J, Mongelluzzo MB, Myers DE, et al. Type 1 diabetes mellitus and oral health: assessment of coronal and root caries. Community Dent Oral Epidemiol. 2001 Jun;29(3):183–94.
- Hintao J, Teanpaisan R, Chongsuvivatwong V, Ratarasan C, Dahlen G. The microbiological profiles of saliva, supragingival and subgingival plaque and dental caries in adults with and without type 2 diabetes mellitus. Oral Microbiol Immunol. 2007 Jun;22(3):175–81.
- Hintao J, Teanpaisan R, Chongsuvivatwong V, Dahlen G, Rattarasarn C. Root surface and coronal caries in adults with type 2 diabetes mellitus. Community Dent Oral Epidemiol. 2007 Aug;35(4):302–9.
- Patiño MN, Loyola RJ, Medina SC, Pontigo LA, Reyes MJ, Ortega RJ, et al. Caries, periodontal disease and tooth loss in patients with diabetes mellitus types 1 and 2. Acta Odontol Latinoam. 2007;21(2):127–33.
- Muthukrishnan L. Imminent antimicrobial bioink deploying cellulose, alginate, EPS and synthetic polymers for 3D bioprinting of tissue constructs. Carbohydr Polym. 2021 May 15;260:117774.
- PradeepKumar AR, Shemesh H, Nivedhitha MS, Hashir MMJ, Arockiam S, Uma Maheswari TN, et al. Diagnosis of Vertical Root Fractures by Cone-beam Computed Tomography in Root-filled Teeth with Confirmation by Direct Visualization: A Systematic Review and Meta-Analysis. J Endod. 2021 Aug;47(8):1198–214.
- Chakraborty T, Jamal RF, Battineni G, Teja KV, Marto CM, Spagnuolo G. A Review of Prolonged Post-COVID-19 Symptoms and Their Implications on Dental Management. Int J Environ Res Public Health [Internet]. 2021 May 12;18(10). Available from: http://dx.doi.org/10.3390/ijerph18105131
- Muthukrishnan L. Nanotechnology for cleaner leather production: a review. Environ Chem Lett. 2021 Jun 1;19(3):2527–49.
- Teja KV, Ramesh S. Is a filled lateral canal A sign of superiority? J Dent Sci. 2020 Dec;15(4):562–3.
- Narendran K, Jayalakshmi, Ms N, Sarvanan A, Ganesan S A, Sukumar E. Synthesis, characterization, free radical scavenging and cytotoxic activities of phenylvilangin, a substituted dimer of embelin. ijps [Internet]. 2020;82(5). Available from: https://www.ijpsonline.com/articles/synthesis-characterization-free-radical-scavenging-and-cytotoxic-activities-of-phenylvilangin-a-substituted-dimer-of-embelin-4041.html
- Reddy P, Krithikadatta J, Srinivasan V, Raghu S, Velumurugan N. Dental Caries Profile and Associated Risk Factors Among Adolescent School Children in an Urban South-Indian City. Oral Health Prev Dent. 2020 Apr 1;18(1):379–86.
- Sawant K, Pawar AM, Banga KS, Machado R, Karobari MI, Marya A, et al. Dentinal Microcracks after Root Canal Instrumentation Using Instruments Manufactured with Different NiTi Alloys and the SAF System: A Systematic Review. NATO Adv Sci Inst Ser E Appl Sci. 2021 May 28;11(11):4984.





- Bhavikatti SK, Karobari MI, Zainuddin SLA, Marya A, Nadaf SJ, Sawant VJ, et al. Investigating the Antioxidant and Cytocompatibility of Mimusops elengi Linn Extract over Human Gingival Fibroblast Cells. Int J Environ Res Public Health [Internet]. 2021 Jul 4;18(13). Available from: http://dx.doi.org/10.3390/ijerph18137162
- Karobari MI, Basheer SN, Sayed FR, Shaikh S, Agwan MAS, Marya A, et al. An In Vitro Stereomicroscopic Evaluation of Bioactivity between Neo MTA Plus, Pro Root MTA, BIODENTINE & Glass Ionomer Cement Using Dye Penetration Method. Materials [Internet]. 2021 Jun 8;14(12). Available from: http://dx.doi.org/10.3390/ma14123159
- Rohit Singh T, Ezhilarasan D. Ethanolic Extract of Lagerstroemia Speciosa (L.) Pers., Induces Apoptosis and Cell Cycle Arrest in HepG2 Cells. Nutr Cancer. 2020;72(1):146–56.
- Ezhilarasan D. MicroRNA interplay between hepatic stellate cell quiescence and activation. Eur J Pharmacol. 2020 Oct 15;885:173507.
- Romera A, Peredpaya S, Shparyk Y, Bondarenko I, Mendonça Bariani G, Abdalla KC, et al. Bevacizumab biosimilar BEVZ92 versus reference bevacizumab in combination with FOLFOX or FOLFIRI as first-line treatment for metastatic colorectal cancer: a multicentre, open-label, randomised controlled trial. Lancet Gastroenterol Hepatol. 2018 Dec;3(12):845–55.
- Raj R K, D E, S R. β-Sitosterol-assisted silver nanoparticles activates Nrf2 and triggers mitochondrial apoptosis via oxidative stress in human hepatocellular cancer cell line. J Biomed Mater Res A. 2020 Sep;108(9):1899–908.
- Vijayashree Priyadharsini J. In silico validation of the non-antibiotic drugs acetaminophen and ibuprofen as antibacterial agents against red complex pathogens. J Periodontol. 2019 Dec;90(12):1441–8.
- Priyadharsini JV, Vijayashree Priyadharsini J, Smiline Girija AS, Paramasivam A. In silico analysis of virulence genes in an emerging dental pathogen A. baumannii and related species [Internet]. Vol. 94, Archives of Oral Biology. 2018. p. 93–8. Available from: http://dx.doi.org/10.1016/j.archoralbio.2018.07.001
- Uma Maheswari TN, Nivedhitha MS, Ramani P. Expression profile of salivary micro RNA-21 and 31 in oral potentially malignant disorders. Braz Oral Res. 2020 Feb 10;34:e002.
- Gudipaneni RK, Alam MK, Patil SR, Karobari MI. Measurement of the Maximum Occlusal Bite Force and its Relation to the Caries Spectrum of First Permanent Molars in Early Permanent Dentition. J Clin Pediatr Dent. 2020 Dec 1;44(6):423–8.
- Chaturvedula BB, Muthukrishnan A, Bhuvaraghan A, Sandler J, Thiruvenkatachari B. Dens invaginatus: a review and orthodontic implications. Br Dent J. 2021 Mar;230(6):345–50.
- Kanniah P, Radhamani J, Chelliah P, Muthusamy N, Joshua Jebasingh Sathiya Balasingh E, Reeta Thangapandi J, et al. Green synthesis of multifaceted silver nanoparticles using the flower extract of Aerva lanata and evaluation of its biological and environmental applications. ChemistrySelect. 2020 Feb 21;5(7):2322–31.
- Ship JA. Diabetes and oral health: an overview. J Am Dent Assoc. 2003 Oct;134 Spec No:4S 10S.
- Kanjirath PP, Kim SE, Inglehart MR. Diabetes and oral health: the importance of oral health--related behavior. American Dental Hygienists' Association. 2011;85(4):264–72.
- Pearce EIF, Dong Y-M, Yue L, Gao X-J, Purdie GL, Wang J-D. Plaque minerals in the prediction of caries activity. Community Dent Oral Epidemiol. 2002 Feb;30(1):61–9.
- Cao X, Wang D, Zhou J, Yuan H, Chen Z. Relationship between dental caries and metabolic





- syndrome among 13 998 middle-aged urban Chinese. J Diabetes. 2017 Apr;9(4):378–85.
- Seethalakshmi C, Reddy RCJ, Asifa N, Prabhu S. Correlation of Salivary pH, Incidence of Dental Caries and Periodontal Status in Diabetes Mellitus Patients: A Cross-sectional Study. J Clin Diagn Res. 2016 Mar;10(3):ZC12–4.
- Kampoo K, Teanpaisan R, Ledder RG, McBain AJ. Oral bacterial communities in individuals with type 2 diabetes who live in southern Thailand. Appl Environ Microbiol. 2014 Jan;80(2):662–71.
- Ribeiro LSF, Santos JN, Vieira CLZ, Caramelli B, Ramalho LMP, Cury PR. Association of dental infections with systemic diseases in Brazilian Native Indigenous: a cross-sectional study. J Am Soc Hypertens. 2016 May;10(5):413–9.
- Kogawa EM, Grisi DC, Falcão DP, Amorim IA, Rezende TMB, da Silva ICR, et al. Impact of glycemic control on oral health status in type 2 diabetes individuals and its association with salivary and plasma levels of chromogranin A. Arch Oral Biol. 2016 Feb;62:10–9.
- Bissong M, Azodo CC, Agbor MA, Nkuo-Akenji T, Fon PN. Oral health status of diabetes mellitus patients in Southwest Cameroon. Odontostomatol Trop. 2015 Jun;38(150):49–57.
- Gupta VK, Malhotra S, Sharma V, Hiremath SS. The Influence of Insulin Dependent Diabetes Mellitus on Dental Caries and Salivary Flow. Int J Chron Obstruct Pulmon Dis. 2014 Oct 14;2014:790898.

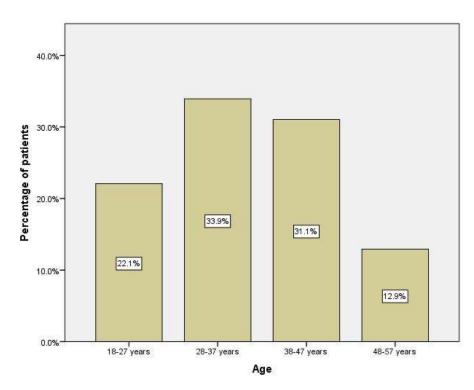


Figure 1:depicts the age group of patients with dental caries. The X axis depicts the age and Y axis as the percentage of patients. The most common age group was 28-37 years (33.9%).





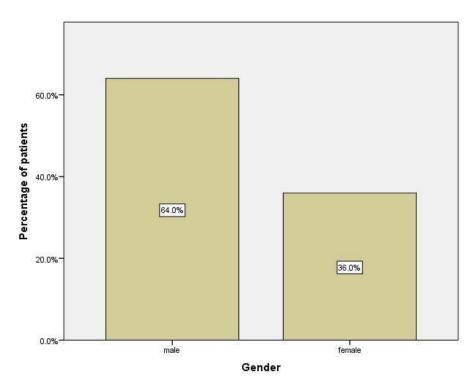


Figure 2 :depicts the gender of patients with dental caries. The X axis depicts the gender and Y axis as the percentage of patients. The most common gender was male (64.0%).

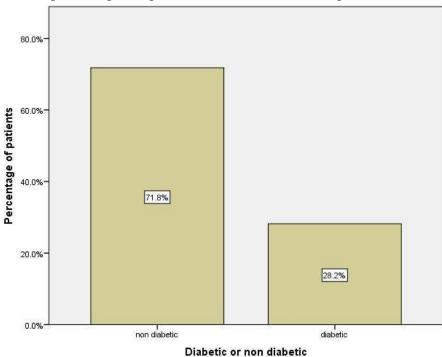


Figure 3:depicts the diabetic or non diabetic status of patients with dental caries. The X axis depicts whether the patient is diabetic or non diabetic and Y axis as the percentage of patients. Most of the patients were non diabetic (71.8%).





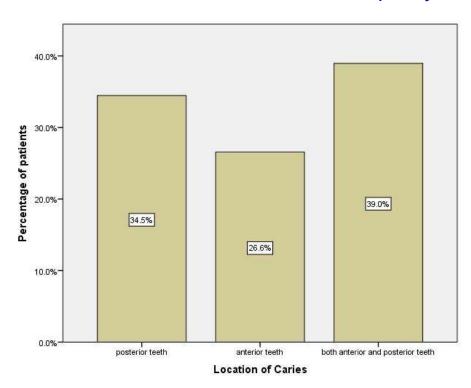


Figure 4:depicts the location of the dental caries of patients. The X axis depicts the location of the dental caries and Y axis as the percentage of patients. Most of the patients had caries in both anterior and posterior teeth (33.9%).

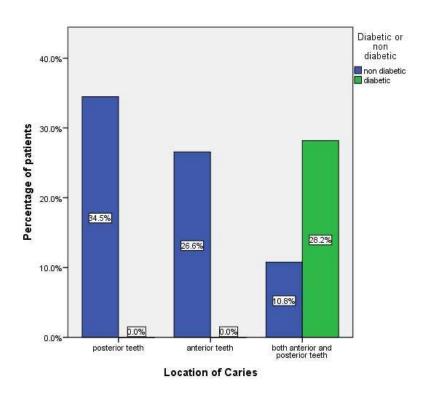








Figure 5: shows the association between location of caries and whether the patient is diabetic or non diabetic. The X axis represents the location of dental caries and Y axis the percentage of patients .Blue bar denotes necrotising sialometaplasia, green denotes sialadenitis and brown denotes sialolith. Majority of the non diabetic patients had caries in posterior teeth (34.5%) whereas diabetic patients had dental caries in both anterior and posterior teeth (28.2%). However, there was a significant difference between location of dental caries and whether the patient is diabetic or non diabetic. Pearson Chi square test, p = 0.000 (p < 0.05, statistically significant).

